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To cite this article: Susan-Mary Grant (2023) Feeling right about the Civil War: the Union's battle for emotional health, American Nineteenth Century History, 24:1, 1-28, DOI: [10.1080/14664658.2023.2205683](https://doi.org/10.1080/14664658.2023.2205683)

To link to this article: <https://doi.org/10.1080/14664658.2023.2205683>



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Published online: 10 May 2023.



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Feeling right about the Civil War: the Union's battle for emotional health

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ABSTRACT

Civil War combat trauma remains a subject of interest to scholars studying the social and psychological changes that the war wrought upon American society. The focus has largely been on the South, but if we look northwards we find that combat trauma was too often masked by victory. But soldiers cannot singlehandedly delineate the contours of the emotional landscape of the wartime North. By locating combat trauma within the emotional nexus of non-combatant communities during and after the war, we can better understand the long-term effects of the Civil War on the development of America as a nation.

KEYWORDS

American Civil War;
neurasthenia; emotions;
combat trauma

"In fear you know what you are afraid of; whereas in anxiety you do not." (Donald Barthelme, *Sadness*, 1970)

Introduction

Ezra Mundy Hunt was a noted New Jersey physician, most famous for his efforts in the cause of sanitary reform and the creation of a Board of Health in his state. During the Civil War he served as a surgeon in the 29th New Jersey Infantry, and later worked at the Calvert Street Hospital in Baltimore. In 1863, he published a pamphlet, *About the War*, which began with a question not, as one might expect, about the physical health of Union soldiers, but about the general emotional health of the North at war. "If there is any one thing which everybody thinks and everybody talks, in these days, it is the war," he observed. "How many *feel* right about it," however, "it is not so easy to tell."¹

On the surface, Hunt's pamphlet was little more than a call to arms, a reinforcement of Union patriotism that trod familiar ground as far as such arguments went. And we have long assumed that these many encouragements to a potentially wavering national loyalty were couched in a political and military context; increasingly, after 1863, aimed at

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recruitment or intended to reinforce northern support for the re-election of Abraham Lincoln. Hunt's reference to how Northerners might have *felt* about the Civil War was, on one level, exactly that: simply a rallying call to Union arms. On another, however, it suggests that he, as a physician, recognized that there was a complex emotional component to the sentiment of Union. It was not the first time that Hunt had linked an inner emotion to the outward events of the era. When the war began, he recalled in 1862, beneath the "ominous clouds" that overshadowed the nation's "political horizon," even "[w]ise men quaked because of fear" while "strong men strung their nerves to a higher key."²

Hunt was not the only northern physician who recognized the psychological impact of the war. Oliver Wendell Holmes, doctor, author, and popular speaker, was swift to identify the symptoms of "*war fever*" among the northern populace, making men unable to "think, or write, or attend to their ordinary business" after Fort Sumter fell and the Union Army was defeated at First Bull Run. This mental anguish, as Holmes saw it, took two distinct forms. First, unable to settle to their affairs, men had taken to moving about in the open. "They stroll up and down the streets," Holmes observed "they saunter out upon the public places." Second, he clearly identified the physical and medical manifestations of this "devouring passion" among the populace. The reaction to the defeat at Bull Run, for example, was, as Holmes described it, not simply physiologically evident but distinctly gendered. Men, he reported, "complained of a sudden feeling at the *epigastrium*, or ... the pit of the stomach." They "changed color, and confessed to a slight tremor about the knees." A woman, by contrast, simply experienced a "*grande révolution* ... went home, and kept her bed for the rest of the day."³

Holmes was describing a populace for whom dream and reality had become confused. In their "waking misery" about the outbreak of conflict, people thought that they were dreaming, felt generally out of sorts, and were disposed to find comfort, even though there was none to be had, by seeking sympathy in the streets. This was the taut emotional atmosphere that both Holmes and Hunt diagnosed at the war's outset. It was a specifically public, non-combatant reaction, the apparent descant to the *rage militaire* among would-be military volunteers; the latter's fear, or their hope that it would all be over by Christmas. And one did not have to be a medical man to recognize it. Noted American scholar and educator George Ticknor, too, commented on the fact that, following the fall of Sumter, the people of Boston were "walking about uneasily, because their anxiety and nervous excitement will not permit them to stay at home." Yes, they were carrying American flags, but they were not waving them in excitement but clinging to them with a nervous dread. When soldiers marched by, Ticknor observed, "there is grave shouting, nothing like common cheering," and an "earnestness" that he confessed to having "never witnessed before."⁴

The emotions that worked together to produce this feeling among the Northern non-combatant population may be identified as fear and anxiety, anger, hatred, shame, and humiliation (at least for the first two years of the war), sorrow, pride, and, perhaps unexpectedly, love, and longing. These are all emotions that have attracted individual attention in the historiography; a scholarship that, to date, has persisted in separating emotions from each other, treating them as distinct components of the human psychological repertoire without fully considering how they might function to reinforce or undermine each other in any individual psyche or, indeed, population. Further, some

specific sentiments, a loose combination of certain emotions, have been extracted from the mix and assigned a medical identity. Perhaps the most obvious example thereof is what the nineteenth century termed nostalgia, or a pathological homesickness in the context of the Civil War. In its conflation of the somatic with the psychological, the nervous system with a nervous sensibility, it also became linked to neuralgia, to physical injury, and to cardiovascular disease. As a consequence, nostalgia, or anxiety, in particular has become a multi-valenced form of feeling that seems to bridge the gap between the psychological and the physical, the Civil War era and our own. And it has, arguably, made us over-confident about diagnosing at a temporal distance. In theory, we can understand the emotional trauma resulting from conflict because the stressors of war remain a human constant. In practice, it is not necessarily so straightforward.⁵

One of the problems associated with allowing anxiety to become associated with nostalgia, then to segue into recognized modern medical conditions, is that it can result in the awkward retrofit of later medical diagnoses to the nineteenth century. The twenty-first-century historian is asking questions that the nineteenth century rarely, if ever asked, and from an epidemiological perspective it did not share. Scholars have, for example, devoted considerable efforts in searching out what is sometimes anachronistically termed post-traumatic stress disorder (PTSD) among Northern soldiers, even bearing in mind that, as Jess Bonnan-White et al. carefully suggest, the surest conclusion at which we can arrive is that Civil War veterans “*may* have experienced symptoms consistent with a current understanding of PTSD.” Sometimes these men were physically damaged, sometimes not. In either case, the near exclusive exploration of anxiety and its sometimes terminal result in the form of soldier suicides, or of negatively valenced emotions in general, can lead us away from an appreciation of the broader emotional panoply of feeling, among combatants and non-combatants alike, that pertained across the Civil War world.⁶

This is not to suggest that the soldiers’ negative reactions to war, or the most extreme response, suicide, is not an important part of the story of America’s Civil War. Not only are these emotions of interest to us as historians, but they draw the attention of medical personnel working with soldiers today who hope, in Gregory Lande’s words, that by “turning the pages of history backwards” modern clinicians might gain a better insight into the “struggles and stressors that contributed to soldier suicides in past wars.” Yet as Hunt’s, Holmes’s, and Ticknor’s observations suggest, and contra the focus of much of the scholarship, Civil War soldiers cannot, on their own, delineate the complex contour lines of the emotional landscape that was the Union at war. They have, for obvious reasons, become its focus, mainly because they have a strong archival and publication presence in the form of official military, medical, and pension records, alongside the personal evidence represented in their many thousands of letters and diaries. Such direct evidence of the affective impact of the war on the homefront is rather more diffuse. Both Holmes and Ticknor diagnosed the emotion of those wandering the streets of Boston from their external behavior. And although this is a recognized method of gauging crowd sentiment today, it is not one that we can deploy in retrospect. In any case, Hunt’s, Holmes’s, and Ticknor’s observations were of the moment, and doubtless affected by their own emotions at the time. How Northerners felt long-term about the war, how their emotions were affected by the crisis of the Union, a crisis that may have involved the death of loved ones or the return home of wounded husbands and sons who would need care for the

rest of their lives, not to mention the long-term emotional impact on those nursing in Civil War hospitals, are questions that the scholarship still struggles to address, let alone attempt to answer.⁷

Locating evidence of how the Northern population, combatant, and civilian alike, felt about the war requires a composite approach, a careful reading between the lines of soldiers' letters and diaries, nursing diaries and memoirs, letters written by and to politicians, newspaper editorials, medical journals, and works of literature; in short, a far broader military and non-combatant culture covering the war years themselves and after, since the battle for emotional health in the Civil War North did not end in 1865. If anything, its most aggressive engagements occurred in the decades after it. But here we may have a clue to help us, one long hidden in plain sight. Although more usually discussed in relation to combat troops because it was assumed to relate to homesickness, nostalgia was an example of an anxiety disorder that, in its diagnostic descriptors, bore more than a passing resemblance to the briefly fashionable post-war pathology of neurasthenia. This was a form of nervous exhaustion brought on, its medical advocates proposed, by the pressures of the modern world. As described by the alienist Edwin H. Van Deusen, superintendent of the Michigan Insane Asylum and the first to publicly identify neurasthenia as a distinct pathological entity in 1869, the symptoms of this hitherto unrecognized condition of "nervous prostration" included, in common with nostalgia, "grief" and "prolonged anxiety." It could be induced by "[p]rolonged exposure in a malarial climate," and its main symptoms included "general *malaise*, impaired nutrition ... muscular atonicity [lack of muscle tension], changing the expression of the countenance ... neuralgias of debility, cerebral anaemia [compromised circulation], with accompanying tendency to hyperaesthesia [increased sensitivity of senses], irritability, mental depression, impaired intelligence, melancholia and mania." The end result, in extreme cases, could be death by exhaustion.⁸

Despite its grim prognosis, neurasthenia has been described as, in Charles Rosenberg's words, "an optimistic, even nationalistic, concept" that confirmed Americans' assumptions about their nation's economic and institutional superiority. But neurasthenia also acknowledged, albeit implicitly, the "chronic national insecurity" that underlay such assumptions. As such, according to Brad Campbell, it can be read as "a discourse of modern American identity as well as a discourse of disease." But it was more than that; it was a diagnosis of disguise, of denial. By locating its causes wholly in the stressors of post-war urban life, rather than acknowledging the likely long-term negative emotional costs of the recent conflict for Northerners as much as for Southerners, scholars simply reinforce the nineteenth-century's triumphalist narrative of Union victory. In order to challenge this idea, adopting what Cody Marrs, in the context of nineteenth-century literature, terms a *transbellum* approach is potentially valuable. This concept emphasizes "how continuous the war's discontinuity was" across the war years and long after. By following Marrs's conceptual approach, the war's emotional function "as an unresolved imaginative struggle" may become clearer. By turning the pages of the neurasthenic narrative backwards, in effect, we might begin to trace the emotional effects of the war on the Union beyond the battlefield, and arrive at a better understanding of the complexities and contradictions involved in the battle for emotional health in the northern states during and in the years following the war.⁹

A temporary feeling of depression

"A temporary feeling of depression frequently pervaded our camps." This assertion, the start of the *Medical and Surgical History of the War of the Rebellion's* (MSHWR) discussion of nostalgia, ascribed the feeling to "discomfort, hardship and exposures, especially when these were recognized or assumed by our volunteer soldiers to be of a preventable or uncalled for nature." These experiences prompted the sufferers to contrast their present condition with "the happiness and comforts of home" and, whilst "dangerous to their efficiency," it was only rarely, the report continued, that this homesickness developed to such "a morbid degree" as to constitute "*nostalgia*." Indeed, this diagnosis was so "infrequent in the reports of our medical officers," the report assured its readers, that only "5,213 cases were reported among the white troops, or 2.34 cases annually per thousand of strength." On a statistical level, the likelihood of even suffering, let alone dying, from nostalgia was miniscule. It was as nothing compared to the damage done by the Minié ball or, even more worse, by hospital gangrene, erysipelas, or the many other ills to which the Union volunteer's body was susceptible. Taking the MSHWR figures overall, 0.31% of white troops per annum were diagnosed as presenting with the condition, compared to 0.17% for insanity, but 0.34% for "inebriation." By the measurement scale used by the MSHWR, deaths from the condition become invisible.¹⁰

Summarized in this way, one might wonder why, if nostalgia or homesickness was relatively rare among Union troops, it has attracted as much scholarly attention as it has. Part of the answer, clearly, derives from the desire, as Lande noted, to add to our still incomplete understanding of conflict trauma. Time and medical science has eradicated, or is better able to cope with, many if not most of the kinds of physical damage and infections from which Civil War troops suffered. But the mind at war remains, in many respects, a closed book. For historians, specifically, the interest may similarly stem from the desire to understand what kind of sickness images of home were likely to induce in the Union soldier, as well as the imaginative familial and wider social ruptures that the war threatened.

Certainly it is the case that many Union volunteers were raised in what John Demos defined as the "hothouse" or "Oedipal" family, a familial structure that was clearly identifiable by 1850, and one that stood in contradiction, indeed was in many ways antagonistic, to the society around it. Explicitly focussed around the mother, it was also implicitly structured around the wife; the role that both women, but especially the wife, played in the emotional well-being of the Union soldier at war was widely reflected at the time, in music as in magazines, most notably in *The Soldier's Vision* (Figure 1) and *Christmas Eve* (Figure 2) the latter an illustration by Thomas Nast for *Harper's Weekly* at the start of 1863, the most crucial year for the Union both in terms of emancipation and the re-election of Lincoln. In these domestic micro-versions of Lincoln's nationally cohesive mystic chords we see the "sharp social boundary" that Demos identified dissolve as the familial unit, in one case in a dream, in the other via a daguerreotype, intrudes into the wider world of war. In both examples, too, the soldiers are no longer simply the "representatives of individual families" but symbols of the nation, and the families they came from no longer enclosed worlds apart but, as another contemporary cartoon that appeared in the context of the draft indicated, effectively wards of that nation on account of the generous bounties being offered to volunteers (Figure 3).¹¹

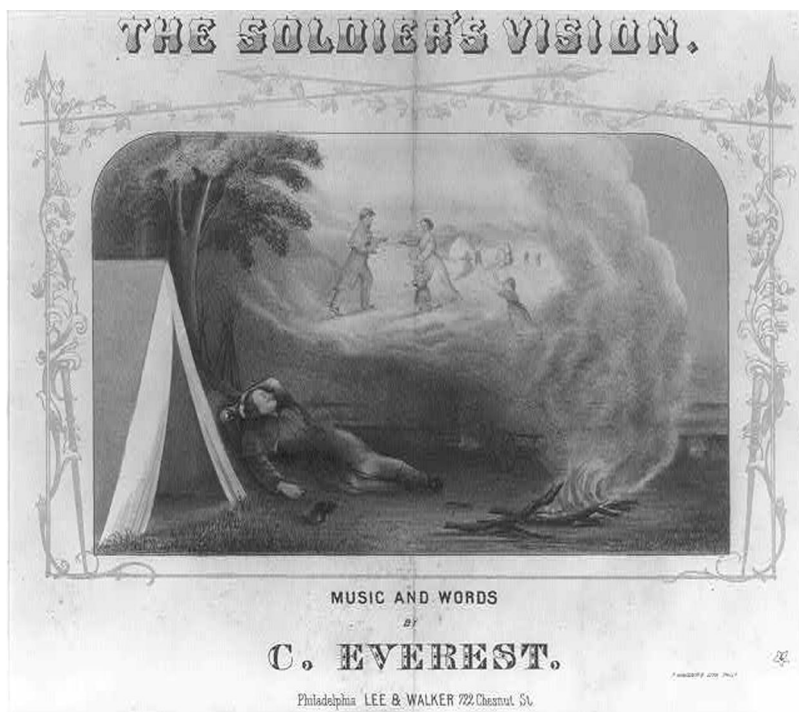


Figure 1. *The soldier's vision*, Lithograph by T. Sinclair (1862). <https://www.loc.gov/pictures/item/2001702326/>.



Figure 2. *Christmas Eve*, an illustration by Thomas Nast for *Harper's Weekly*, 3 January 1863. <https://www.loc.gov/pictures/item/00652033/resource/>.



Figure 3. Uncle Sam, 'Go ahead, boys, I'll take care of the wives and babies – God bless you,' *Harper's Weekly*, 23 August 1862. <https://www.loc.gov/pictures/item/2004669982/>.

This juxtaposition of volunteer and potential, unwilling draftee was, as Matthew Gallman has detailed, more typical than not during and after 1862, and was aimed at the "belittling" of men who were seen, and portrayed, as "week-kneed, cowardly,

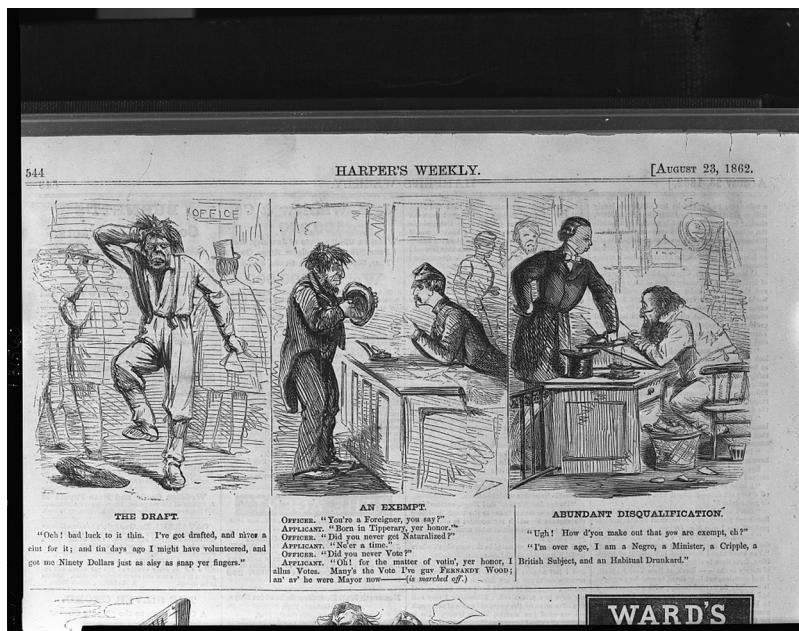


Figure 4. Draft cartoons same page as 3. <https://www.loc.gov/pictures/item/2002713115/>.

despicable types who came up with ridiculous schemes to avoid the draft" (Figure 4). It swiftly became a persistent trope, one designed to inculcate shame among those who had not volunteered and, through this emotion, enforce, or reinforce what Peter Stearns describes as the "desired behaviours" of the Union at war. Cowardice was a more complex emotion, however, than the simple avoidance of facing the enemy, as portrayed so dramatically in Stephen Crane's classic Civil War novel, *The Red Badge of Courage* (1895). As that famous post-war literary depiction of the emotion make clear, cowardice does not function alone in an individual's emotional repertoire. It is often accompanied by shame, or at least those writing about it felt that it ought to be. Not for nothing did the early modern English author Robert Burton famously argue that of all the emotions, "[s]hame and disgrace" produce the "most violent passions" that are often contributory causes of melancholy. But both rely on external judgment. As Stearns observes, shame or "fear of shame" is an "emotional experience for individuals largely, although not exclusively, in the context of the wider relationships he or she sustains." And for the Union recruit, that meant family as much as the wider community.¹²

As the cartoons made clear, however, public ridicule was one of the most potent weapons deployed to persuade men toward a more active patriotism. In the summer of 1863, for example, the *Chicago Tribune* entertained its readers with an account of the "extremely bizarre and interesting" scenes taking place at the Provost Marshal's offices as the surgeons engaged in the "examination ... of parties claiming exemption from the draft." Indeed, as the *Tribune* described it, the entire process of undressing and being examined in ways that may have recalled, for some, a Southern slave auction was simply humorous, not harrowing. And the paper did not hesitate to dismiss one draftee, who had knocked out his front teeth in an attempt to avoid conscription, as "evidently a coward," whose "knees smote together" and whose "face paled to the whiteness of the paper on which the surgeon wrote his name and condition" before conscripting him into the cavalry.¹³ Fear was no excuse for avoiding the draft, nor was any kind of moral or political opposition to or anger at the Union war. Individuals evincing such emotions were lumped together as cowards, as in the case of "Adam Cowherd, Esq.," the subject of another mocking cartoon (Figure 5).

In this cultural climate men may, as James McPherson noted, have written a lot "about *courage, bravery, valor*," but concerning fear they were unusually but "understandably reticent" not simply because of the social stigma associated with this emotion but due to the risk of rejection from society, potentially from a prospective partner, and, more pertinently, the family (Figure 6). It is unlikely that many northern women went as far as one who, on being asked if any of her three brothers had volunteered, somewhat chillingly responded: "Every one of them! I'd have them shot if they didn't! It's all a man is good for now." But many, at least according to the press and other evidence, sustained high expectations that the men in their lives, brothers, husbands, and sons alike, would step up and evince the kind of bravery that had, up until then, largely been found only between the covers of books. As Louisa May Alcott assured one of her wounded charges, any sensible woman "would admire [an] honourable scar, as a lasting proof that" the man in her life "had faced the enemy ... all women," she promised, "thought a wound the best decoration a brave soldier could wear." How such expectations affected the relationship between home and battlefield, and indeed the internal

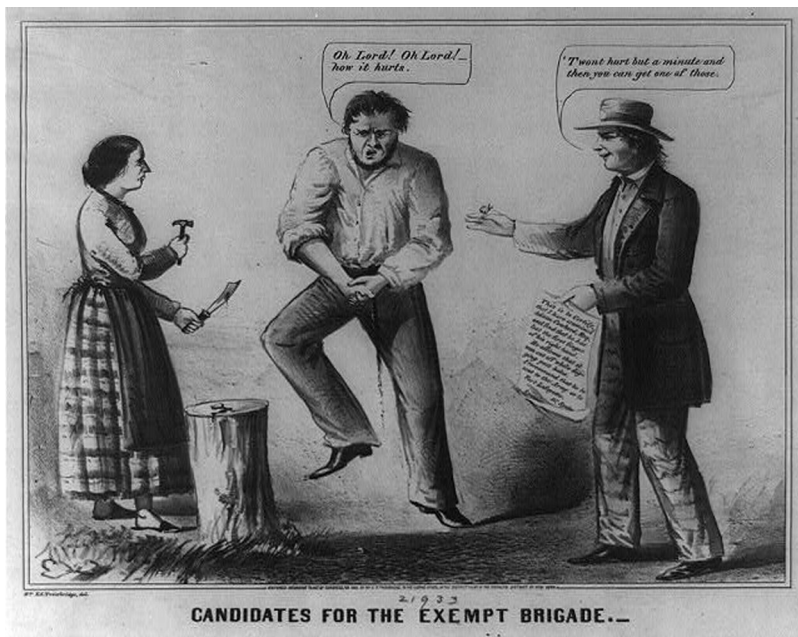


Figure 5. 'Candidates from the exempt brigade,' lithograph by artist W.E.S. Trowbridge, 1862. <https://www.loc.gov/pictures/item/2008661641/>.

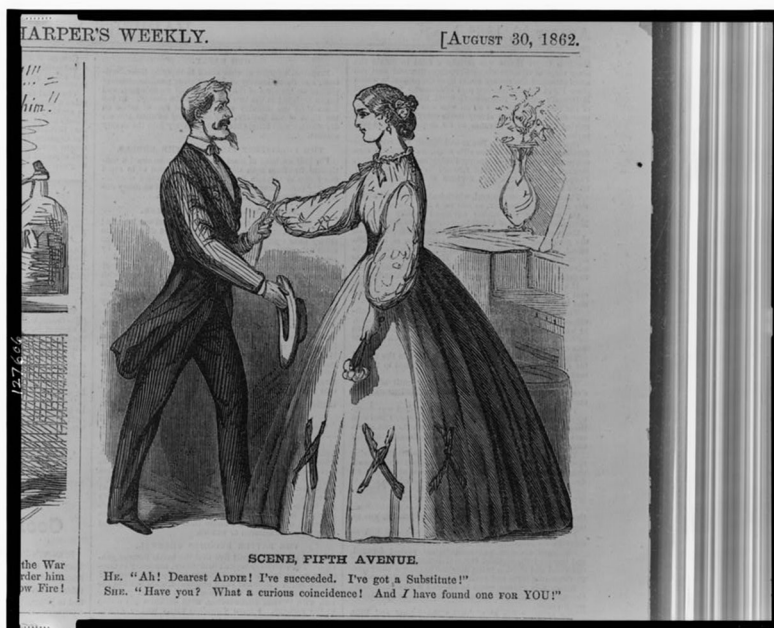


Figure 6. 'Scene, Fifth Avenue,' Harper's Weekly, 6: 296, 30 August 1862. <https://www.loc.gov/pictures/item/00652813/>.

dynamics of the family, speaks directly to the long-term emotional after-effects of the Civil War.¹⁴

Given the gendered cultural norms of the nineteenth century, it may be no surprise that cowardice was a stigma to be avoided at all costs by the Union soldier or potential recruit. Indeed, any expression of fear was generally understood to be non-normative in mid-nineteenth century America, certainly within a military context; it ran contrary to the performative masculinity that constituted a large part of the psychological landscape of the era. It lay behind comments such as Alcott's on first encountering the Union wounded, those "'brave boys' as the papers justly call them, for cowards could hardly have been so riddled with shot and shell, so torn and shattered, not have borne suffering for which we have no name." And cowardice frequently inspired anger in others, such as Byron Churchill of the 15th Michigan Volunteer Infantry, who, in the war's second year, complained bitterly to his mother about those "cowards" who had remained at home, and expressed the hope that they "would be drafted and had to serve their life time in the army." If "they would all come out as brave men aught," he wrote, "I believe this rebellion could soon be put to an end." Union soldier George Tillotson similarly commented to his wife that "when the real story of war comes, it is easy to pick out the cowards. The morning of the 17th when the rebels were shelling us out several of the boys run out of the ranks so far that they didn't find the regiment again for several days." He juxtaposed this behavior with his own bravery, with a sang-froid that bordered on bravado. "For my part," he boasted, "I kinder liked to hear the shells come wham bang and then hear the pieces scatter around us, for all I knew that if any of them hit a fellow they would hurt." Yet Tillotson admitted that he had "seen as much as I bargained for ... Not that my corage [*sic*] fails," he assured her, "for I think I dare go where any dare but enough is enough," and he found himself envying "wounded men who get discharged or sent home on furlough."¹⁵

Unable to express any non-normative, in a nineteenth-century context, masculine emotions openly, for fear of being branded cowards, some Union troops found different outlets for their feelings. Homesickness or nostalgia was one of these. Although some have argued that homesickness was regarded as either a "moral weakness" or an "easily simulated fraud," the evidence suggests that neither Union troops nor their doctors were necessarily so dismissive. The troops themselves were often more understanding about homesickness than we assume, and the surgeons were hardly in a position to dismiss the seriousness of the condition, given its potentially deleterious effects upon the efficacy of the fighting units for which they were charged with caring. In the early and mid-nineteenth century, nostalgia had not yet acquired its sentimental association with a romanticized, usually unrealistic past. Its provenance then, as Kevis Goodman and others have stressed, "was scientific." It designated "an illness with startling somatic symptoms and even fatal consequences," and one often associated with wartime and "forced travel," as Ramesh Mallipeddi has shown in relation to the similarly fatal "fixed melancholy" of the Middle Passage, hence its close association during the Civil War with homesickness leading, potentially, to death from nostalgia. Nostalgia could also serve as the accompaniment to if not necessarily the immediate and traceable cause or result of a range of physical ailments such as pneumonia or rheumatism. Sometimes, surgeons averred, there was "an exaggeration of the actual condition," but rarely a complete fabrication of its attendant symptoms.¹⁶

Without implying any deliberate attempt to deceive, although undoubtedly some did have that intention, soldiers disguised any fear they may have felt, perhaps even from themselves, and deflected accusations of cowardice from others by hiding their emotions in confessions of homesickness, to which neither shame nor public opprobrium was the automatic accompaniment. This is not to suggest that soldiers were not homesick, but behavior that could have easily been interpreted as cowardice took on a different hue if it was interpreted as homesickness, which it was by many soldiers even before it became medicalized and diagnosed as nostalgia. But both symptoms and suggested cures were complex and often contradictory.¹⁷ The “prime cause” of nostalgia, as the various case-notes pertaining to it were written up in the *MSHWR*, lay in the soldier’s reaction to “new and strange surroundings, particularly,” it was noted, “when it these were of a depressing character.” Further, it seemed to affect men previously “habituated to physical labor, with only such exercise of the mind as was necessary to accomplish the work on hand.” Such men were unused to any sort of “mental labor” and, as a consequence, exhibited a dangerous “want of resolution and activity” in relation to their new military duties.¹⁸ “The sick were generally in a remarkably despondent mood” noted James Mowris, one of the surgeons of the 117th New York Volunteers. This “unprofitable frame of mind,” he deduced, derived from the regiment’s “isolated situation ... the consequent infrequency of home tidings, and the newness of coast and southern scenery.” Mowris had no hesitation in diagnosing nostalgia, and expressed his regret that he could not send more soldiers home even as he realized that returning home did not necessarily effect a cure.¹⁹

Others, unlike Mowris, detected a degree of duplicity, but were nevertheless unwilling to dismiss all cases on these grounds. “To send them home,” it was argued, “would encourage others to indulge in the hope of getting away.” The surgeons diagnosed “symptoms of hypochondriasis,” but at the same time they recognized what we would now term contagious hysteria, since sufferers’ minds began “to entertain the causes that have produced the disease in others, and they become, as it were, imperceptibly entrapped.” Soon the soldier was suffering from a range of symptoms, from digestive disorders to “morbid feelings” and “panics,” along with “uneasiness of various kinds.” Seemingly unresponsive to treatment, the decision was sometimes taken to be cruel to be kind. Sufferers were forced to exercise, which they resented, claiming “that their disease was looked upon with contempt.” But the “cure” seemed to work. “Within two years,” it was reported, “not a single case of nostalgia has occurred,” a result that this surgeon at least in part attributed to “the odium attached to the disease.” In such cases, as with those of perceived cowardice, the fear of ridicule, of being socially ostracized as it were, seemed to function far better as “promotive of efficiency” in a military context than public opprobrium had worked in a civilian one.²⁰

In general, the Union soldier was relatively fortunate in the medical approach taken to a disease, or a confluence of related symptoms, that had in the past been dealt with more harshly. A half century earlier Benjamin Rush had recorded the method adopted by a Russian general to any signs of homesickness or nostalgia among his troops: he “issued an order to bury alive all who were affected by it ... in consequence of which,” Rush commented, “the disease instantly disappeared from the army.” By the time of the Civil War, many doctors at least accepted that there was such a thing as diminished nerve-force and that homesickness, in its extreme form of nostalgia, was so far from fabricated was potentially fatal.²¹

From a non-medical perspective, it was a similar story. At the start of the war, the dominant emotion behind nostalgia, homesickness, was recognized by Union troops as possibly something other than a longing for home, but not a cause for shame. And sometimes expressions of homesickness served, as complaints about cowards had done, as a form of shorthand for displaying one's patriotism. Toward the autumn of 1862, for example, Wisconsin recruit Chauncey Cooke noted, but without judging, that some volunteers "were getting home sick," a sentiment that may have derived, quite understandably, from fear or what a critical observer might term cowardice, and were prepared to lie about their age to avoid being considered eligible for military service.²² Fear was not something a soldier such as Charles Haydon would willingly record about himself, especially since his family would be reading his journal, but he recognized and did not condemn it in others. When one of his fellow volunteers apparently deserted, Haydon was surprised. "I believed him one of the best soldiers in the Co. & one ambitious of promotion," he commented. But he realized the probable cause. "He was badly scared at Bull Run & his health rather poor," he recalled, and "I suppose he must have concluded that soldiering was not his profession." Fear, in this case, prompted a form of mental distress similar in its presentation to aspects of nostalgia.²³

Chauncey Cooke, too, who had reported to his mother that sometimes he wished he "could go to sleep and never wake up till the war was over," was quick to follow up this admittance with the assurance that he was "no coward, mother. I don't come from that kind of stock ... under all circumstances," he insisted, "I shall never forget that my father and mother were brave people." Throughout the war, indeed, Cooke juxtaposed assurances of his martial bravery to his family with rather more emotive expressions of how much he missed them. Near the start of his enlistment, he announced that he had not "been homesick a minute," but as the war dragged on his thoughts increasingly turned to home. It was when Cooke fell ill, however, that homesickness really set in. He confessed to his mother that he had thought of "home and of you so many times ... I want to tell you my dear Mother," he continued, that "I never want to be sick away from you," stating frankly that he had "never felt before what it meant to have a good home and a kind father and dear mother."²⁴

Calvin Shedd, similarly, strove to conform to societal norms in part by identifying the absence of these in others. He reassured his wife that he was not frightened, and felt "the same courage to keep on as I did when I enlisted." He boasted that he was doing his duty "every day," in contrast to many others who were "sick about half the time and shirk duty the rest." Good soldiers, he told her, were scarce in his regiment, and by good he meant those "that do their duty from sence (sic) of patriotism and love of country." A few days later, and barely into the war's second year, he was complaining about his comrades again. "Patriotism is pretty well played out in this Regt" he observed. All "the men talk of is being discharged; they want to go home and act like a parcel of boys." Shedd clearly took personal pride in seeing himself as superior in this regard, but it was a matter of degrees. If "the war was over," he told his wife, "I should wish to be at home for a soldiers' life as such, I don't like I can tell you, and I never have seen the man yet that did." And he freely confessed on one occasion that he "should be homesick sometimes if I did not sink everything rather than duty to my Country."²⁵

A sense of duty was not the sole preserve of the volunteer soldier, however. Civil War nurse Hannah Ropes, for example, who ended up sacrificing her life "on the altar of the

nation,” albeit not on the battlefield, sometimes experienced feelings similar to those in her care. Ropes recorded how, when she was waving goodbye to a fellow nurse, Hannah Stevenson, who was heading back north to “that land of rugged hills, poor soil, and hard work; that country of freedom to think, to speak and to act; that place of clean water, clean linen, and clean houses,” she felt so overcome with longing to go home herself that she had to run “out of the car to shake off the gathering emotion!” Homesickness in a nurse, however, prompted little if any concern, and could in any case be readily resolved by the nurse in question by the simple means of returning home if the sentiment became overwhelming. In this respect, homesickness was specifically understood not only in gendered terms but within a functionalist matrix. The state was not invested in Hannah Ropes as it was in its soldiers. And as a result, as historians we too rarely register the emotional price paid by those serving in other than a combat capacity at the front. Arguably, families, too, did not place such high expectations on women who chose to volunteer as nurses as they did on fathers, sons, and brothers. This should prompt us to revisit the emotive images that were produced of the Union family at war (Figures 1 and 2) and, rather than accepting them at face value, ask harder questions about what they are actually showing us.²⁶

A close reading of the letters of, for example, Chauncey Cooke, reveals that his emotional longing for his “kind father and dear mother” was rather more nuanced than we might assume, especially in the context of emancipation, a subject on which his father’s emotions, at least, ran high. He expressed an uneasy awareness of his father’s willingness to “give his [Chauncey’s] life as cheerfully as Abraham offered his son if necessary that the slaves might be freed. Father meant all right,” he observed, “though it seemed hard ... I suppose I am the boy he meant for the sacrifice.”²⁷ Cooke was hardly the only child whose parents’ abolitionist sentiments placed a high burden of expectations upon their young shoulders. For others, too, it became evident, as war’s realities hit home, that the Union war did not always call forth Roman poet Horace’s generalization about maternal emotions in times of conflict: *bellaque matribus detesta* [war, the horror of mothers]. The stresses imposed upon the younger male within the Oedipal family living up to a mother’s expectations can be heard clearly in a pre-war letter from Robert Gould Shaw, whose fame was secured by his leading the Union’s showcase African American regiment, the Massachusetts 54th, and by dying on the ramparts of Fort Wagner in a failed assault in the summer of 1863. Frustrated by his mother Sarah’s tendency to “talk and think Slavery all the time,” he admonished her that she would “say I don’t feel with you, when I do.” For Shaw, living up to maternal expectations meant, in the end, dying for them.

Shaw’s college contemporary and friend, Oliver Wendell Holmes, Jr., was more fortunate as far as direct maternal pressure was concerned, although his own mother’s emotions were equally invested in emancipation and in her son’s duty, as she saw it, to the Union.²⁸ Writing in the aftermath of the Emancipation Proclamation, Amelia Jackson Holmes described to a friend how “very hard” it was “to have our sons and brothers go off” to fight. However, she stressed, “we would not keep them at home if we could. I long ago learned that there is no happiness to be had in this world by avoiding duty,” although the full burden of the duty in question really fell on the shoulders of her son. Amelia’s emotional reaction to the war was so intense, however, that she wished to see it “go on till every slave is free,” and she wanted her son, twice wounded by that point, to “always be ready to defend and struggle for humanity.” Hers was a vicarious

valor, but her son's feelings on the subject underwent something of a sea-change over the course of the war. As early as 1862 he suggested that his parents' optimism about "the superiority of northern civilization and anti-slavery ideology" stemmed from ignorance; a triumph of hope over reality. And by 1864 the sight of "the dead ... piled in the trenches 5 or 6 deep" and the wounded "often writhing under the superincumbent dead" was starting to prey on Holmes's mind. Almost "every Regimental off[icer] – I knew or cared for," he despaired, "is dead or wounded." To his parents' dismay, when his term of service was up he chose not to reenlist. Writing to his mother he noted that he had "started in this thing as a boy. I am now a man," but "not the same man" that he had been. Rejecting those "*claims upon me under those circumstances that existed formerly*," Holmes made it clear that, whilst familial support remained important to him, he was no longer emotionally attuned to their expectations. From his parents' perspective, and possibly his own, Holmes quite simply no longer felt right about the Civil War.²⁹

All the tides of its life

The longer-term psychological impact of wounding, or of disenchantment with the Civil War, at not having lived up to societal or familial expectations, or indeed one's own, or the pain of losing husbands, sons, or brothers to the conflict needs to be tracked beyond Appomattox, into the later years of the nineteenth century, if we are to understand more fully how the war affected the long-term emotional health of those who fought it directly and those families and communities behind the Union volunteer. A clue to the war's long-term effects, however, may be found in the condition that, to date, has never been associated with the war at all, and yet bore many of the hallmarks of what had, during the conflict, been diagnosed as nostalgia or homesickness: neurasthenia.

One has to be careful in making such a claim, of course, not least because neurasthenia as a named condition did not exist during the Civil War. And modern medical historians are understandably reluctant to reach a diagnosis retrospectively, or extract a socially-constructed condition from its temporal context. Nevertheless, much of what Van Deusen, and in the same year George M. Beard, who really popularized the condition, diagnosed as neurasthenia was similar in aspects of its presentation to a wide range of conditions that had presented during the war as well as in the decades after it. It also comprised a mix of medically unexplained symptoms, such as "vague feelings," with the recognized physical effects of contagious infections, such as secondary-stage syphilis (Table 1). But this was hardly the first time that American doctors, alienists, or neurologists had encountered such an apparently random set of symptoms, and the recent war had made such symptoms far more common than before. To take just one example, some of what was later ascribed to neurasthenia resembled the physical and mental effects of scurvy, as Jonathan Letterman encountered it, to his horror, on the James Peninsula in the summer of 1862 where he found Union troops in a state of lethargy: "their energy, their powers of endurance, and their willingness to undergo hardship, are in great degree gone," he noted, "and they know not why."³⁰

While Letterman deduced a dietary cause of the problem, there was a recognized affective link between the physiological and the psychological, between an individual soldier's physical condition and his mental state, what the Scottish naval surgeon Thomas Trotter termed, at the end of the eighteenth century, "scorbutic nostalgia." Although

Table 1. Symptoms of Neurasthenia.⁴⁹

Symptoms	No.	Percent	Symptoms	No.	Percent
Weakness	742	12	Loss of taste/smell	5	...
Tremors	1087	18	Poor appetite	898	15
Twitching	166	2	Constipation	1499	25
Reflexes +	340	5	Diarrhea	90	1
Reflexes -	54	1	Flatulence	387	6
Paresthesia	434	7	Pain in stomach	297	5
Hyperesthesia	8	...	Palpitation	475	8
Fatigue	242	4	Pain in heart	103	2
Headache, Occip ^a	860	14	Vasomotor Disorder	429	7
Headache, Frontal	672	11	No capacity work	197	3
Headache, Vertical	295	5	Anemia	529	8
Headache, Temporal	107	2	Secretory disorder	46	...
Dizziness	560	9	Poor memory	338	5
Heavy head	60	1	Worry	444	7
Backache	518	8	Fears	351	6
Tenderness	12	...	Emotional	550	9
Vague feelings	705	12	Insomnia	1684	28
Tired eyes	22	...	Drowsiness	78	1
Poor sight	83	1	Depressed	599	10
Poor hearing	20	...	Syphilis	199	3
Tinnitus	101	2			

^aPatients whose symptoms included constipation and headache with unrecorded location were put in Frontal Headache class.

Table from Cleghorn, *Six Thousand Cases of Neurasthenia* (1907).³¹

Jonathan Lamb notes that this disease was “a nomenclatural novelty,” he nevertheless stresses that it was one subsequently “vindicated in medical practice.” Doctors gradually accepted the fact that scurvy “effloresces as much in emotional and psychological forms as bodily ones,” such that sufferers’ minds, in Georg Stellar’s notable phrase, “become as loose as their teeth.” Union surgeons certainly recognized the “nervous component” to this disease, ascribing it in some cases to “the monotony of existence” in camp. “A certain monotonous routine and confinement hedged the soldier on all sides,” one surgeon reported. “His guard, drill and police duties were unvarying, and so fatiguing on this very account that when left to himself at their conclusion,” the surgeon noted, he “seemed to feel little inclination to do aught but vegetate in his bunk.”³²

It was a vicious circle, as the surgeons saw it. Among the side effects of scurvy detailed in the *MSHWR* were those influences “that tended to lower the vital powers of the soldier, such as over-fatigue, loss of sleep, exposure to cold and wet ... overcrowding in quarters and the diseases to which these influences predisposed.” These conditions, it was understood, did not necessarily exacerbate scurvy, but rather disturbed the sufferer’s “balance of health,” which all the time was under attack from other “adynamic influences” such as “depression” resulting from “nostalgia and private personal troubles and anxieties.”³³

Nostalgia persisted as a diagnosis far beyond the Civil War, only gradually evolving toward a popular, non-clinical temporal form – a longing for the past – which along with neurasthenia became identified as a condition caused by the stressors of the modern, industrialized world. But there are reasons to think that the supposedly frenetic post-war world that Union veterans were entering may not have been as damaging to their physical and psychological well-being as the world of the war they had left behind. As the Civil War drew to a close, some doctors expressed concern that the

Union was sending home men whose war service had damaged them, possibly for life; that medical care could only achieve so much, and the idea of a full recovery was, in many cases, possibly over-optimistic. With clearly identified physical ailments such as scurvy, or rheumatism accompanied and often exacerbated by nostalgia, some surgeons harboured the suspicion that, as far as many Union troops were concerned, it was “doubtful if many of these were really cured.”³⁴

Historians have shared such doubts. We have long understood that the conclusion of hostilities in America’s Civil War did not result in an automatic cure for many of the ailments that Union soldiers had presented with during the war; equally, physical wounds or diseases, such as dysentery, frequently carried long-term physiological and psychological effects. What the historian has to go on in assessing this situation must be gleaned from what limited evidence there is of the longer-term psychological impact of the war on those who fought it and, if one reads between the lines, on those families who welcomed back a damaged man. But it is hard to pin down. Not that we are short of military memoirs, but most of these, as Gerald Linderman pointed out, tend to avoid any deep emotional probing or discussions of psychological damage in favor of the heroic battle scenes that their authors assumed, probably correctly, that their readers wanted. We also have pension applications and the supporting medical evidence for them, which are a valuable resource. Nor are we short of asylum records, but by their nature they detail individuals who exhibited more extreme forms of psychological damage than a diagnosis of neurasthenia indicated. And we have some memoirs that are more revealing than others. But we are still looking mainly at evidence that has a strong print or archival presence.³⁵

What is missing, however, are those soldiers who might best be described as the walking wounded, not sufficiently damaged to merit immediate medical intervention, along with those who chose not, or at least not at first, to apply for a pension on the grounds of pride or unwillingness to deal with the bureaucracy that an application involved, or simply in the mistaken belief that their war wounds would have no lasting impact. One such was Daniel Sawtelle of the Eight Maine Volunteer Infantry. Sawtelle experienced long-term health effects from fevers that he had suffered from during the war, exacerbated by the meagreness of the disability pension that he eventually received, a pension for which he had been slow to apply. “I am told by my Dr.,” he reported to the Secretary of the Interior in 1923, “that I should have an operation for prostate gland, but I am unable to have it done on account of the expense.” And Sawtelle’s Civil War-induced illness did not just impact him; his wife, too, suffered under the burden of daily care that she alone, in the absence of state support, had to provide. “My wife has been my Dr. and nurse all these 50 years of our married life,” he noted, but at 74 years old now she, too, was “badly broken down in health.” If anything could be done to relieve both their suffering, he pleaded, “it will have to be done soon as I am 85yr old and failing rapidly.” But the state was reluctant to help, with one official dismissing Sawtelle as a “morose, irritable, despondent, sour, indolent, [and] cynical” man, undeserving of support despite having fought for the Union.³⁶

Possibly even more significant, however, was the general tone of Sawtelle’s memoirs, penned some half a century after he had joined up to fight for the Union. These are one of the exceptions to Linderman’s “rule” that most veterans’ memoirs tended toward the upbeat and the martial. Certainly the war itself provided the chronological framework

for Sawtelle's reminiscences, but his recollections of illness, his own and that of others, stand out in sharp relief from his memories of troop movements, the African Americans he encountered, and the general progress of his regiment. Death, too, dominates. And although at one point he makes the standard claim that it had become "such a common thing that it made little impression on us," he followed that observation up with a rather more insightful memory of the impact that it actually had. "We felt as though we were standing on the very brink," he recalled, "and to get dull or despondent meant a sure plunge. Many were the boys," he remembered, "that lost their grip and went over the brink." Some tried to pull themselves back from that brink by drinking, Sawtelle recalled; one saved up his own rations and bought those of others "until he had enough then went to drinking till he was what they call "dead drunk," then he lay that way for several hours till one could hardly see that he was alive, as white as the dead."³⁷

There is no suggestion that Sawtelle was ever diagnosed with nostalgia or, later, with neurasthenia, even though his mental state, if the dismissive government official is anything to go by, ticked many of the boxes that doctors later associated with these conditions. Indeed, in the case of the individuals discussed in this article, one cannot trace a direct line from Civil War service to post-war neurasthenic symptoms. If they ever sought treatment for any post-war malaise, the evidence is buried in their private medical notes. Nor did Oliver Wendell Holmes, Jr. fall into the "official" neurasthenic category, despite the war's impact on his psychological state, his disillusion with what the Union was fighting for and what it was costing in terms of lives. As far as the Civil War was concerned, he became most famous for his emotive assertion that the youth who had fought it had been "touched with fire," and later he appeared to advocate the military life as the cure for the nation's ills. But, like Sawtelle, Holmes was fully aware of how close the psychological brink was. He was hardly ignorant of the melancholy mind-set, having written, whilst at Harvard, what was effectively a meditation on Albrecht Dürer's *Melencolia*, a figure "grave with thought and marked with the care of the world; winged, yet resting sadly on the earth" (Figure 7). He admitted, too, to his own tendencies to gravitate "toward melancholy and doubt." It was with some effort that he kept these emotions at bay in the years after the war. And on one occasion he failed to do so, weeping openly whilst reading a poem about the conflict. "These were not tears for the war," Louis Menand has argued, but "for what the war had destroyed," shed by a man for whom, by his own admission, "the world never seemed quite right again."³⁸

Holmes was hardly alone in this sentiment. And it is in the years after the war that we can witness the beginnings of nostalgia's transition, in the United States at least, toward neurasthenia, from the military to the modern among both the former combatant and non-combatant populations. Writing in 1869, George Ticknor commented on the "great gulf" between past and future in the United States, one the recent war had both emphasized and exacerbated. "It does not seem to me," he admitted, "as if I were living in the country in which I was born, or in which I received whatever I ever got of political education or principles." The poet Walt Whitman had by 1870 reached the conclusion that the nation needed to take stock of itself, "like a physician diagnosing some deep disease." Never, he averred in *Democratic Vistas*, had there been "more hollowness at heart than at present" in the United States. In the same year that Whitman published *Democratic Vistas*, and only a couple of years after Van Deussen and Beard respectively first defined neurasthenia, the noted neurologist Silas Weir Mitchell produced a work



Figure 7. Albrecht Dürer, *Melencolia* (1514). <https://www.loc.gov/pictures/item/2009632538/>.

similar in tone in many respects, albeit one derived from a medical perspective, to Whitman's argument. *Wear and Tear, or Hints for the Overworked* was a study of what Mitchell saw as the dramatic "rate of change" in the United States, a rate that "surprises even the most watchful observer." The increased appearance of nervous diseases in America was due, Mitchell averred, to the fact that "[a]ll the tides of its life move with bustling swift-ness," but, crucially, in the wrong direction for health: too much bureaucratic and managerial work, not enough outdoor exercise. He drew on the recent war for an example. "I do not doubt," he asserted, "that the effects of our great civil war were far more severely felt by the Secretary of War and President Lincoln than by Grant or Sherman."³⁹

It was in this post-war context of temporal and temperamental displacement that physicians, according to David Schuster, began to believe that the pace of modern American life was itself the problem; that it induced a wide range of symptoms in its populace, "including depression, irritability, insomnia, lethargy, indigestion, a lack of ambition, an

inability to concentrate, anxiety, headaches, muscle and joint pain, weight loss, impotence, amenorrhea, and both mental and physical collapse.” Schuster, like many writers on neurasthenia, approaches its etiology, counterintuitively, in the future tense, observing that the condition

covered ground comparable with a broad collection of twenty-first-century diagnoses, including bipolar disorder, clinical depression, chronic fatigue syndrome, fibromyalgia, post-traumatic stress disorder, anorexia nervosa, irritable bowel syndrome, migraines, environmental allergies (including hay fever), and a host of other chronic illnesses identified but not entirely cured by modern medicine.

But the diagnosis of neurasthenia as a disease of modernity exemplifies Marrs’s observation that the “periodizing practices” adopted in relation to the Civil War and its aftermath, although intended to “acknowledge its impact,” in reality promote “fictions of erasure” whereby “history began anew” after Appomattox. Such “fictions” become further embedded by the fact that much of the research on the Civil War’s veterans operates in parallel to, rather than in conversation with, that on the health of the nation as a whole in this period.⁴⁰

Neurasthenia was, Schuster argues, the medical manifestation “of a nation trying to evolve and improve faster than the natural abilities of its citizenry could keep pace.”⁴¹ This was certainly Beard’s assertion. He insisted from the outset that neurasthenia was “an *American disease* ... much more common here than in other parts of the civilized world,” and, further, it was “especially frequent in the Northern and Eastern parts of the United States,” a conclusion that possibly had more to do with the demographic with which Beard was most familiar. Equally, it may offer us some small clue to the long-term impact of the Civil War on the northern states. The diagnosis was not nationally delimited. It had, according to Beard, “taken root under an American sky,” but the “seed” was “being disseminated” far and wide. Abroad, its popular nickname of *Americanitis* was frequently not used to suggest that Americans were uniquely or even especially susceptible to neurasthenia, but rather implied that the diagnosis was both exaggerated and carried a degree of nationalist boasting. Certainly Beard’s claims for it were not modest. “Of all the facts of modern sociology,” he asserted, “this rise and growth of functional nervous disease in the northern part of America is one of the most stupendous, complex, and suggestive; to solve it,” he boasted, “is to solve the problem of sociology itself.” But given the date of neurasthenia’s “discovery,” along with Mitchell’s analysis of the fatiguing effects of the sedentary, cerebral life, only a few years after the Civil War had ended, there are grounds for querying where and why this condition first presented, and in what context.⁴²

At the same time, the alacrity with which both Beard and Mitchell disseminated their views on American mental “wear and tear,” along with the acceptance by many sufferers of this diagnosis, points to an underlying problem in search not just of a solution but a name. As has been argued, and identified as the “Rumpelstiltskin principle” (referencing the power that a name affords both doctor and patient over a condition, and the relief to sufferers that results from an official medical diagnosis), neurasthenia, whilst it may have been the joint product of doctor and patient, nevertheless addressed some very real if clinically confusing symptoms. Just as homesickness during the war became more socially

acceptable, if also acknowledged as potentially more serious, when accorded the medical diagnosis of nostalgia, so any type of post-war malaise, if diagnosed as neurasthenia, accorded the sufferer both a medical and a moral status with the potential to persist well beyond the war. But with its focus firmly on the post-war world, neurasthenia also offered the additional benefit of preventing both people and state from acknowledging the extent of the long-term damage that the Civil War had wrought on the bodies and minds of Union combatants.

In that respect, as in others, neurasthenia was a diagnosis of denial. It offered both “the legitimization of otherwise stigmatised symptoms,” in this case both physical and psychological indicators among the population that suggested that the American success story, Union victory and the “new birth of freedom” promised by Lincoln, was not the powerful national narrative that it purported to be. Moreover, it blurred the line of continuity between those symptoms and the recent war. So Beard’s five indicators both of American superiority in the nineteenth century and the causes of neurasthenia, steam power, the periodic press, the telegraph, science, broadly defined, and the “mental activity of women,” were as much boast as blame. In this case, speed was, quite literally, of the essence. For Beard and others, the combination of trains, the telegraph, and the press rendered American life a whirl of constantly updated information that the American mind found impossible to process. Neurasthenia was not just gendered; it was sectional, religious, and racial in its application. In Beard’s diagnosis, Southerners, black and white, Catholics, and Native Americans were less likely to exhibit the symptoms of neurasthenia. It was, by his lights, “primarily a white, Anglo-Saxon, Protestant, Yankee condition.”⁴³

Beard was not oblivious to the physical and mental damage individuals sustained during the Civil War, as he had briefly served as an assistant surgeon in the Union navy. But this experience did not appear to inform in any way his theories about neurasthenia. This is was unusual since the posited causes and cases of nostalgia among Civil War troops bore more than a passing resemblance to those of neurasthenia as Beard described it: in effect, nostalgia, like neurasthenia, was an extreme reaction to “the shock of the new.” It was quite a different matter for the noted nerve specialist Silas Weir Mitchell’s, whose medical credentials did much to legitimate the diagnosis, the disease, and its various cures. As Mitchell observed in his work *Doctor and Patient*, the “causes of breakdowns and nervous disaster are often to be found in the remote past.” And Mitchell’s most famous, or infamous, rest cure certainly had its origins in his Civil War past when, faced with cases of neuralgia, acute nervousness or exhaustion among those soldiers who came under his care, he devised a rest and nutrition regime as the only real means he had of providing comfort to those whose symptoms were a combination of the psychological and the physical, but could be fully ascribed to neither.⁴⁴

Mitchell was aware of the possible links between Civil War nostalgia and post-war neurasthenia, a link that, frustratingly, he could not pin down. Although he recalled that “[c]ases of nostalgia, homesickness, were serious additions to the perils of wounds and disease, and a disorder we rarely see nowadays,” he regretted “that no careful study was made of what was in some instances an interesting psychic malady, making men hysteric and incurable except by discharge” because he detected the similarities with neurasthenia. “Our notes and conclusions in cases of acute exhaustion and extreme myasthenic conditions,” he observed, “would have entirely anticipated the delineation of those disorders which we now accept under the name of neurasthenia.

Unfortunately the recording of these states fell to Dr. Morehouse, who delayed writing about them until an unfortunate fire in his library entirely destroyed these priceless records. To this day," he wrote in 1914, "I cannot think of it without regret."⁴⁵

In many ways this "unfortunate fire" can be blamed for severing the link between Civil War nostalgia and later nineteenth-century neurasthenia, a link that could reveal a great deal, not just with respect to the long-term health of Union troops or the etiology of a now much maligned condition, but with regard to the emotional health of the North's civilian population in the years after the conflict. Metaphorically burned, too, are those bridges that we might have constructed between the military, medical, social, and emotional history of the Civil War. But with further research we may yet be able to build them. Mitchell himself left us some suggestive but hardly conclusive clues

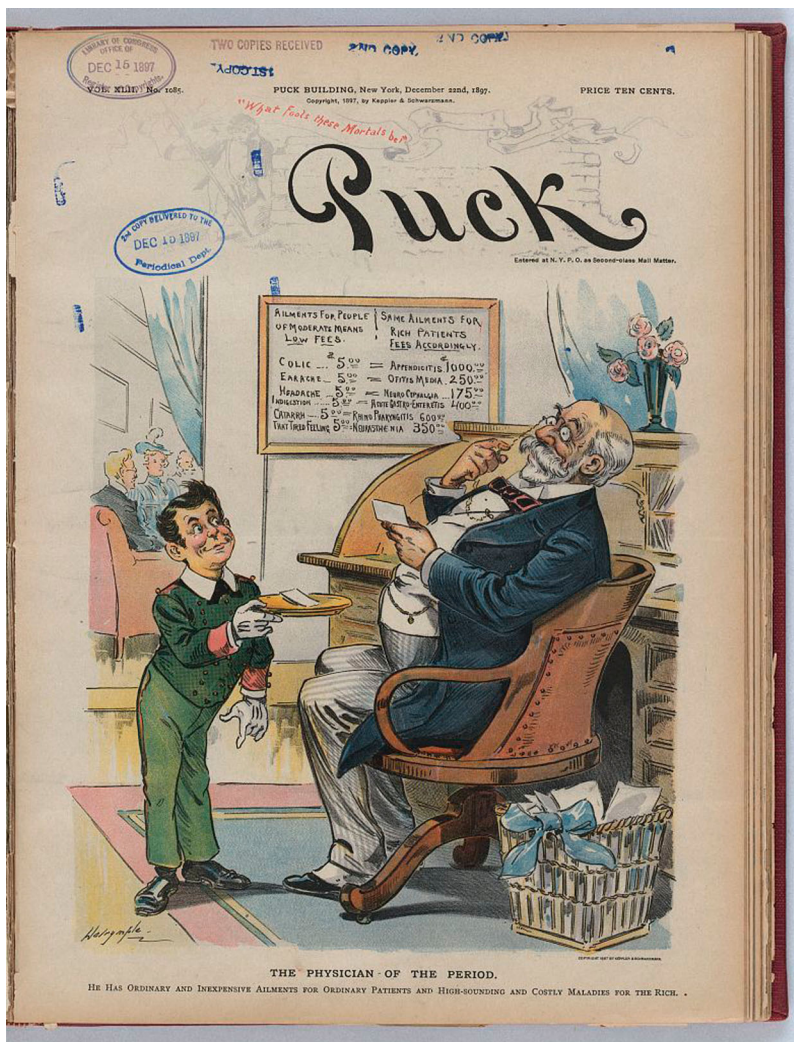


Figure 8. The Physician of the Period, by Louis Dalrymple (1897). <https://www.loc.gov/pictures/item/2012647642/>.

gleaned from “Follow-up Studies of Patients with Nerve Injuries” that he conducted toward the end of the nineteenth century. Many of those who responded to his questionnaire reported becoming “more irritable” in the years that followed, and growing “excited at the slightest provocation.” One described himself as “quick tempered,” one as “nervous or slightly irritable,” while another simply described himself as “cranky.” Only one described himself as “less irritable,” but for the majority who reported a change in disposition it was never for the better.⁴⁶

In the face of such limited evidence, the historian can only surmise the likely impact on these veterans’ families of their husband, son, or brother’s declining emotional state, and on the emotional and psychological cost to many northern families of living with the long-term wounded, or even those who simply could not leave the war behind. Consider just one of Van Deusen’s examples of what might cause neurasthenia: the “exhaustion consequent upon protracted attendance at a sick bed, with loss of sleep and irregular meals,” accompanied by constant worry “as to the final issue” and the emotional pain of a possible future bereavement. Four years after the war ended, when Van Deusen wrote these words, how many northern women might have described such burdens? In this regard we may consider the literary example of *Patience Oak*, created by Elizabeth Stuart Phelps in her novel *Comrades* (1911). Here we have a woman whose days revolve around caring for an “indifferent and petulant” husband, a Union veteran, and through whose fictional life we may glimpse an otherwise “obscured reality”: the unsettled reality of the North’s post-war emotional health. Not the least of the clues to the lineaments of this lies in the short-lived diagnosis of neurasthenia, an emotional and psychological condition normally associated with America’s future, but whose origins actually lay in the nation’s Civil War past.⁴⁷

Conclusion

Ultimately, and unlike PTSD, neurasthenia carried the seeds of its own demise, not because it gradually acquired an increasing range of symptoms over time but because it largely began its diagnostic life that way. In Europe and Britain, as in America, its proponents’ “claims for it were too vast,” Janet Oppenheim has concluded; the “novelty and convenience of the label prompted them to apply it too sweepingly, so that it covered everything from extreme fatigue to temporary insanity.” Contemporary commentators concurred. As a diagnosis, neurasthenia was, in the opinion of Sir Andrew Clark, president of the Royal College of Physicians, writing in *The Lancet* in 1886, “vicious, inaccurate, and therapeutically misleading,” no more than a “heterogeneous mob of incoherent symptoms borrowed from the most diverse disorders.” As Clark’s condemnation indicated, with the exception of a brief but intense resurgence of the condition among British troops on the Western Front during the First World War, neurasthenia was already becoming unpopular as the nineteenth century turned, eventually dying out along with the generation that had fought the Civil War. This is largely a temporal coincidence; largely, but perhaps not entirely.⁴⁸

Neurasthenia became associated, in America as elsewhere, with class and with quackery, and by the late 1920s and early 1930s the quest for emotional health in the North was giving way to a more insidious search for white physical and mental perfection (Figure 8).

But this most elusive, some might say opportunistic, of psychological diagnoses nevertheless may have much to teach us about the emotional state of the post-war North. For our purposes, indeed, what is potentially valuable about neurasthenia lies in what it was *never* assumed to cover: the emotional impact of the Civil War on Union war veterans, about which we still know too little, the pressures that the war created within the ideal, Oedipal family and the generations that it contained, and the wider society of which they were all a part.

We may never be able to prove beyond reasonable doubt that Union soldiers such as Chauncey Cooke or even Oliver Wendell Holmes, Jr. felt, even on a subliminal level, emotionally estranged from their families as a result of the expectations placed upon them over the course of the war. We cannot easily track the emotional health of men such as George Tillotson or Calvin Shedd, who struggled to live up to society's standards of the ideal soldier but who were all too aware that many in their regiments felt no inclination to do so. For those diagnosed with homesickness, or nostalgia, it may be impossible to prove that, even if they were never physically wounded, nevertheless the war's psychological impact followed them into civilian life. We cannot necessarily easily show that, just as a diagnosis of nostalgia served to support them emotionally during the war, so one of neurasthenia served the same purpose after it. What we can say is that, in terms of timing, 1869 was not year zero as far as the symptoms that Van Deusen, Beard, and Mitchell, among others, encountered, but the Civil War generations do appear to be the loci for them. Neurasthenia's restrictive racial parameters, too, limit its value as an inclusive diagnosis for the northern states. Nevertheless, an enhanced understanding of the etiology of this most varied and versatile, not to say vague, condition may well hold the key to an enhanced appreciation of the long-term emotional costs to the Union of the Civil War.

Notes

1. Hunt, *About the War*, 3, New York Historical Society. The pamphlet was later distributed by the Union League.
2. Hunt, *The War and Its Lessons*, 3.
3. Holmes, "Bread and the Newspaper," 346–7, 348.
4. George Ticknor to Sir Edmund Head, April 21, 1861, in *Letters, and Journals of George Ticknor*, II, 433.
5. Consider the various studies on emotional history, for example, Stearns, *Anger*; Stearns, *American Fear*; Stearns, *Shame: A Brief History*; Bourke, *Fear* and "Fear and Anxiety"; Rosenwein, *The Conflicted History of an Emotion* and *Love: A History in Five Fantasies*; Matt, *Homesickness*; Miller, *Humiliation*; and, specifically on the Civil War: Wooley, *The Irritable Heart of Soldiers*; and Clarke, "So Lonesome I could Die."
6. Bonnan-White et al., "Voices from the Past," 14. Emphasis added. Clarke makes a similar point, noting that conflating nostalgia with PTSD "misses crucial differences between these categories and the experiences they organise and express," Clarke, "So Lonesome I Could Die," 254. Studies of the Civil War that make more direct links include Dean, *Shook Over Hell* and, to a lesser extent, Carroll, *Invisible Wounds*; Sommerville, *Aberration of Mind* and "A Burden Too Heavy to Bear"; Logue and Blanck, *Heavy Laden*; Silkenat, *Moments of Despair*; Lande, "Felo De Se"; and Frueh and Smith, "Suicide, Alcoholism, and Psychiatric Illness" and "Further Considerations on Suicides Among Union Forces"; and Anderson, "Dying of Nostalgia."

7. Lande, "Felo De Se," 531; see, for example, Edel et al., "Perceiving Emotion in Crowds"; Margaret S. Creighton examined the impact of the Gettysburg Campaign on African American civilians, but much of her evidence was, as she notes, filtered through the memoirs and diaries of white Pennsylvanians; and Ronald J. and Mary Saracino Zboray explored home-front disruption in New England via a focus on reading, but the emotions of those so disrupted can only be hinted at. Cashin, *The War Was You and Me*, 209–236, 237, 261, respectively.
8. Van Deusen, "Observations on a Form of Nervous Prostration," 445.
9. Rosenberg, *No Other Gods*, 107; Campbell, "The Making of 'American'," 159; Marrs, *Nineteenth Century American Literature*, 3.
10. Barnes, *The Medical and Surgical History of the War*, Vol. III, 1, 884–885 (hereinafter *MSHWR*); figures from *MSHWR* extracted and reported in Frueh and Smith, "Suicide, Alcoholism, and Psychiatric Illness," 771 and 772 (Table 1).
11. Clarke, "So Lonesome I Could Die"; Anderson, "Dying of Nostalgia"; Demos, "Oedipus and America," (1978), reprinted in Joel Pfister and Nancy Schnog, *Inventing the Psychological: Toward a Cultural History of Emotional Life in America* (New Haven: Yale University Press, 1997) 63–78, and "History and the Psychosocial," also in Pfister and Schnog, 79–83, 80, 67.
12. Gallman, *Defining Duty in the Civil War*, 143; Burton, *The Anatomy of Melancholy*, 262; Stearns, *Shame: A Brief History*, 1.
13. "The Curiosities of Exemption," *Chicago Tribune*, August 17, 1863 (the article first appeared in the *Philadelphia North American*).
14. *New York Tribune*, April 30, 1861; Alcott, *Hospital Sketches*, 36.
15. Alcott, *Hospital Sketches*, 33; Byron Churchill to mother (Drazilla), November 13, 1862 in Byron Churchill Papers (GLC 3859); McPherson, *For Cause and Comrades*, 77, 78–82; see also Walsh, "Cowardice Weakness or Infirmary," and his monograph, *Cowardice*, 33; George Tillotson to Elizabeth, September 24, 1862, in George W. Tillotson Papers (GLC04588).
16. Goodman, "Uncertain Disease," 199; Austin, *Nostalgia in Transition*; *MSHWR* Vol. III, 1, 886; on pneumonia, 772; on rheumatism, 832, 836; Mallipeddi, "A Fixed Melancholy," 240.
17. Lande, *Psychological Consequences of the American Civil War*, 5.
18. *MSHWR* Vol. III, 1, 885–6.
19. Mowris, *A History of the One Hundred and Seventeenth Regiment*, 81–2.
20. *MSHWR* Vol. III, 1, 885–6; McPherson, *For Cause and Comrades*, 77, 78–82; here I am pushing back against Walsh, who argues for cowardice as "central to the era" of the Civil War, "Cowardice Weakness or Infirmary," 495.
21. Rush, *Medical Enquiries and Observations*, 113.
22. Chauncey Cooke to Parents, September 15, 1862, in "A Badger Boy in Blue," *The Wisconsin Magazine of History* 4, no. 1 (1920): 75–100; Clarke also discusses Cooke's emotions in some detail in "So Lonesome I Could Die."
23. See the conclusion to Sears' edited volume of Haydon's journal, 362; Haydon journal, August 14, 1861, Sears, *For Country, Cause and Leader*, 71.
24. Chauncey Cooke to mother, July 25, 1863, in "A Badger Boy in Blue," *The Wisconsin Magazine of History* 4, no. 4 (June 1921): 431–456, 453.
25. Gallman, *Defining Duty in the Civil War*, 8; Calvin Shedd to wife, March 15 and 24, 1862, in Calvin Shedd Papers.
26. Brumgardt, *Civil War Nurse*, 77.
27. Cooke, *A Soldier Boy's Letters*, 2; Chauncey Cooke to Parents, September 15 and 20, 1862, and to Doe (sister) November 4, 1862, in "A Badger Boy in Blue" *The Wisconsin Magazine of History*, 4, no.1 (1920): 75–100, 90; to sister, January 6, 1863, in "A Badger Boy in Blue," *The Wisconsin Magazine of History* 4, no. 2 (1920): 207–17, 209, 212; to brother, 15th July, and mother, July 28, 1863, *The Wisconsin Magazine of History* 4, no. 4 (1921): 431–56, 449, 455; and to sister, January 6, 1863, *The Wisconsin Magazine of History* 4, no. 2 (1920): 207–17, 213.
28. Amelia Jackson Holmes to Emily Hallowell, February 1, 1863, extract in Novick, *Honorable Justice*, 15.
29. Amelia Jackson Holmes to Emily Hallowell, February 1, 1863, extract in Novick, *Honorable Justice*, 15; Holmes, Jr. to father, December 20, 1862; Holmes Diary, May 12, 1864; Holmes

- to parents May 16, June 24, 1864; to mother, June 7; and to parents May 30, 1864, all in Howe, *Touched With Fire*, 80, 115, 122, 149, 142–143, 135; Holmes to Ellen Askwith, September 18, 1914, OWH Papers, Harvard Law School.
30. My thanks to Dr Donald Ratcliffe for the point re syphilis; Letterman, *Medical Recollections*, 6–7.
 31. “Notes on Six Thousand Cases of Neurasthenia,” *Medical Record*, April 27, 1907, 681.
 32. Thomas Trotter (1792) quoted in Lamb, *Scurvy*, 110, and see also 109–11, 152; *MSHWR* Vol. III, 1, 710–11.
 33. *MSHWR* Vol. III, 1, note on 710.
 34. *MSHWR* Vol. III, 1, 836.
 35. Schaefer, “Really, Though, I’m Fine”, 11–23, 13; and for the best recent analysis of soldiers’ “invisible wounds,” see Carroll, *Invisible Wounds*.
 36. Buckingham, *All’s for the Best*, xv; Sawtelle to Secretary of the Interior [Hubert Work], July 28, 1923, 336–8, 338, and quotation from state official, xxviii.
 37. Buckingham, *All’s for the Best*, 55, 141.
 38. Holmes, Jr., “Memorial Day Address, May 30 1884,” in Posner, *The Essential Holmes*, 80–87; Stechow, “Justice Holmes’ Notes on Albert Durer,” 123; Holmes to Felix Frankfurter, Match 8, 1912, in Mennel and Compston, *Holmes and Frankfurter*, 6; Menand, *The Metaphysical Club*, 69.
 39. George Ticknor to George Ticknor Curtis, July 30, 1869, in Ticknor, *Life, Letters, and Journals*, Vol. II, 485; Whitman, “Democratic Vistas,” [1871] in Whitman, *Specimen Days and Collect*, 210; Mitchell, *Wear and Tear*, 3, 30, 66–7.
 40. Schuster, *Neurasthenic Nation*, 1–3; Marrs, *Nineteenth Century American Literature*, 2.
 41. Schuster, *Neurasthenic Nation*, 19–20, 21–2.
 42. Beard, *A Practical Treatise on Nervous Exhaustion*, 1, 9; Beard, *American Nervousness*, vii–viii; Lutz, “Varieties of Medical Experience,” 55–56.
 43. Geest, “The Magic of the Right Word,” 38; Ware and Weiss, “Neurasthenia and the Social Construction,” 101, quoted in Lutz, “Varieties of Medical Experience,” 67; Schuster, *Neurasthenic Nation*, 19–20, 21–2.
 44. The phrase “the shock of the new” was coined by art-critic and historian Robert Hughes in his book of that title published in 1980; Schuster, *Neurasthenic Nation*, 27; Lutz, “Varieties of Medical Experience,” 56.
 45. Mitchell, *The Medical Department in the Civil War*, 15–17
 46. SWM Papers, Correspondence Series 4.5, Folder 2, Subseries 4.5. Follow-up studies of patients with nerve injuries [MSS 2/241-03] Items 4, 5, 6, 14, 18, 21; see also Mitchell, *Remote Consequences of Injuries of the Nerves*, 188.
 47. Van Deusen, “Observations on a Form of Nervous Prostration,” 446; Stuart, *Comrades*, 1; Schaefer, “Really, Though, I’m Fine,” 20.
 48. Oppenheim, “*Shattered Nerves*”, 109; Clarke, “Some Observations Concerning,” 2.
 49. The symptoms that Cleghorn lists were taken from Archibald Church and Frederick Peterson, *Nervous and Mental Diseases* (Philadelphia 1904). This work was first published in 1899: <https://wellcomecollection.org/works/cnbt98ug>.

Acknowledgments

An earlier version of this paper was delivered as the Peter J. Parish Memorial Lecture at the British American Nineteenth Century Historians annual conference in October 2022. The author would like to thank the audience for the many helpful suggestions offered on that occasion, Natalie Zacek for her many editorial improvements, and Emily West, the Chair of BrANCH, for inviting the author to deliver the lecture.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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